



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**  
Office on Trafficking in Persons

**Trafficking Victim Assistance Program Grantee**

**Client Service Use and Delivery Form**

**Grantee**

**Reporting Period Start Date**

**Reporting Period End Date**

**Report Type**

*Complete this form for every client by the end of the reporting period to describe benefits and services accessed.*

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| <b>Client Identifier</b> | <b>Did client apply for HHS Certification/Eligibility?</b> | <b>Did client receive HHS Certification/Eligibility?</b> |
|--------------------------|--|--|
|--------------------------|--|--|

**What services did the client receive during the reporting period? (check all that apply)**

- |  |   |
|--|---|
| Basic Necessities                        | Child Care                                |
| Crisis Intervention                      | Dental Health Services                    |
| Education Assistance                     | Employment Assistance                     |
| Family Reunification                     | Financial Assistance                      |
| Housing and/or Shelter Services          | Interpreter and/or Translator             |
| Legal Advocacy and Services              | Life Skills                               |
| Mental and/or Behavioral Health Services | Medical Services                          |
| Safety Planning Services                 | Substance Use Assessment and/or Treatment |
| Transportation                           | Victim Advocacy                           |
| None                                     | Unknown                                   |
| Other                                    |   |

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

Public reporting burden for this collection of information is estimated to average .25 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**What public benefits did the client access during the reporting period? (check all that apply)**

- |  |  |
|--|--|
| Child Care Subsidy                       | SNAP (Food Stamps)                             |
| General Assistance                       | Section 8 and/or Permanent Housing Assistance  |
| Medicaid                                 | ORR Match Grant                                |
| ORR Targeted Assistance Grant (TAG)      | ORR Wilson/Fish Program                        |
| Refugee Cash Assistance                  | Refugee Medical Assistance                     |
| Refugee Social Services                  | State-Specific Health Benefits                 |
| Social Security Disability (SSDI or SSI) | Temporary Assistance for Needy Families (TANF) |
| Unaccompanied Alien Children Program     | Unemployment Insurance                         |
| WIC                                      | None   |
| Unknown                                  | Other  |